

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

A. PATRICIA KYPRIDES

Mailing Address 449 PARK AVENUE #14

City	State	Zip Code
KEENE	NH	03431

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : SB28A_15787442

Amount of Each Disbursement this Period

10.00

Refund of contribution, initially earmarked for
DEMOCRATIC SENATORIAL CAMPAIGN
COMMITTEE (C00042366)

Full Name (Last, First, Middle Initial)

B. MICHAEL LABRIOLA

Mailing Address 150 NEAL ST

City	State	Zip Code
PORTLAND	ME	00000

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		23		2014

Transaction ID : SB28A_16332151

Amount of Each Disbursement this Period

50.00

Refund of contribution, initially earmarked for BELLOWS
FOR SENATE (C00550434)

Full Name (Last, First, Middle Initial)

C. WILLIAM A LACY

Mailing Address 2344 7TH STREET NE

City	State	Zip Code
CANTON	OH	44704

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2014

Transaction ID : SB28A_15801860

Amount of Each Disbursement this Period

35.00

Refund of contribution, initially earmarked for
DEMOCRATIC CONGRESSIONAL CAMPAIGN
COMMITTEE (C000009)**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

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